

Determine Your Nutritional Health

	YES
I (or someone close to me) have an illness or condition that has caused me to change the amount and/or kind of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat very few fruits or vegetables a day.	1
I eat or drink very few milk products (<i>i.e.</i> milk, yogurt, cheese) a day.	1
I drink less than 5 cups (8 oz) of fluid a day (<i>i.e.</i> water, juice, tea)	1
I have 3 or more drinks of beer, wine, or liquor almost every day.	1
I have tooth or mouth problems that make it hard for me to eat.	1
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	2
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Nutrition Education and Counseling, Nutrition Support

Give "Food Guide Pyramid," and make sure that they are under MD care.

Social Services, Nutrition Education & Counseling

Give pamphlet "I eat fewer than two meals a day."
Refer them to the Human Services Dept. (Food stamps, medical)

Nutrition Education and Counseling, Nutrition Support

Give pamphlet "I eat few fruits and vegetables, or milk products."
Refer them to the nutrition classes at the Senior Citizens Center.

Use Nutrition Education and Counseling, Behavioral Health.

Give "Food Guide Pyramid." Refer them to Alcohol and Drug Counseling, Division of Substance Abuse,

Oral Health, Nutrition Education & Counseling, Nutrition Support

Refer them to a Dentist, Physician or Dietician.
Give pamphlet, "I have tooth or mouth problems that make it hard for me to eat."

Social Services

Refer them to Human Services Dept. for food stamps or Assistance Payments

Social Services, Behavioral Health

Encourage them come to Senior Citizen Center for meals.
Refer them to Mental Health.

Medication Use

Give pamphlet "I take 3 or more different prescribed or over-the-counter drugs a day."

Nutrition Education and Counseling, Nutrition Support

Refer them to the nutrition classes at the Senior Citizen Center, a physician And/or Dietician. Give them "The Food Guide Pyramid."

Social Services, Nutrition Support

HomeMaker and Personal Care and The Alternatives Program
Or Medicaid Waiver Program

Total your nutritional score. If it's -

0-2 GOOD! Recheck your nutritional score in 6 months.

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietician or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.